



Arkansas Department
of Health
Sandra B. Nichols, M.D.
Director

Supported by a grant from the Robert Wood Johnson Foundation

Arkansas Health Counts

A publication of the Arkansas Center for Health Statistics

Winter, 1997

Volume 3, Issue 1

Nonwhite moms are less likely to receive first trimester care

Race linked to care, risks, outcomes

Blacks and other ethnic minorities are at higher risk for a variety of health problems in this country and state. Nearly all health problems affect nearly all races, but often to varying degrees. It would be disingenuous, poor policy and bad science to ignore or gloss over those differences.



Some of these problems are physiological (sickle cell anemia and melanoma), some are behavioral (homicide, teen pregnancy, smoking); other have social or environmental roots (poverty, poor nutrition).

One troublesome grouping of racial health disparities regards teen and unmarried pregnancy and infant mortality rates; another regards access to health insurance. Only 14 percent of whites lack health insurance, while 24 percent of nonwhites go without.

"[We are] working with minority populations to improve the health outcomes in these areas: low birthweight babies, the high rate of infant mortality, obesity, stroke and diabetes," according to Dr. Sandra B. Nichols, director of the Arkansas Department of Health.

Arkansas' been working to reduce the number of low birthweight babies by encouraging mothers to get prenatal care beginning as early as the first month.

About 20,000 mothers a year contact the Campaign for Healthier Babies to get the "Happy Birthday Baby Book" discount coupon books for a variety of products. The catch is that the mothers must have the current coupons stamped

at their doctor's office monthly.

The first month's coupons include ones for pickles and ice cream.

"This is a unique public/private partnership, and it's been going on since 1991," according to Jean Hagerman, director of the Health Department's perinatal health division. While it has been tried in other states, Arkansas is the first to analyze and evaluate the data.

"It's been very effective for WIC outreach and for Medicaid outreach."

The coupon book also includes a section giving important information to pregnant women about cigarette, alcohol and other drug use, weight and exercise, and development of a baby, according to Hagerman.

The campaign is supported not only by the Arkansas Department of Health, but by other members of the coalition—University of Arkansas for Medical Science; Arkansas Advocates for Women and Children; the Department of Human Services; March of Dimes and Arkansas Children's Hospital.

While there is evidence that women who sent for the coupon book were more likely to receive first trimester care and less likely to have a low birthweight baby, there is not necessarily a cause-and-effect relationship.

"We're aware there are different

Continued on page 2

Continued from page 1

outcomes for blacks and whites," says Hagerman. "We try to get our ads on black radio stations."

The Health Department also administers the Women, Infants and Children (WIC) program to supplement nutrition to children at risk, many of them minority children.

In an effort to increase the effectiveness of these efforts, the state Health Department convened a Minority Health Summit, seeking grassroots input to address the problems.

The summit provided a forum for participants to identify resources and plan strategies to promote health in their communities.

Currently, the Health Department screens all Arkansas newborns for sickle cell anemia, according to Dr. Bob West, a Health Department pediatrician.

The Department also monitors compliance with state tobacco laws regarding sales to minors.

In 1995, more than 40 percent of all births to black mothers were to teenagers, while 16 percent of births to whites were to teens.

About 30 percent of black women giving birth that year had less than a high school diploma. About 20 percent of white women lacked a diploma.

In 1995, 79 percent of white women giving birth were married, while only 27 percent of black women were.

In the aggregate, these statistics are important because unmarried women,

teenaged women and less-educated women are statistically less likely to have health insurance, more likely to be poor, to have low birthweight babies and babies with medical problems. These women frequently are less equipped than their older, married and more educated counterparts to deal with the resulting problems.

These problems are interrelated, and when they are concentrated in a particular community, contribute not only to individual medical problems but larger problems. For instance, the sons of adolescent mothers are 2.7 times more likely to be in jail or prison than the sons of mothers who delay childbearing until their early 20s, according to a U.S. Justice Department publication.

While nonwhites account for only about 18 percent of the state's population and about 24 percent of the 1995 live births, they account for 40 percent of all infant deaths. A nonwhite baby is twice as likely as a white baby in this state to die within the first year. Black mothers had low-birthweight babies at twice the rate of white mothers.

About 80 percent of white mothers began receiving prenatal care in the first trimester, while only 60 percent of black mothers did.

About 12 percent of blacks received no prenatal care, or care that didn't begin until the third trimester. Among whites, that figure was about 5 percent.

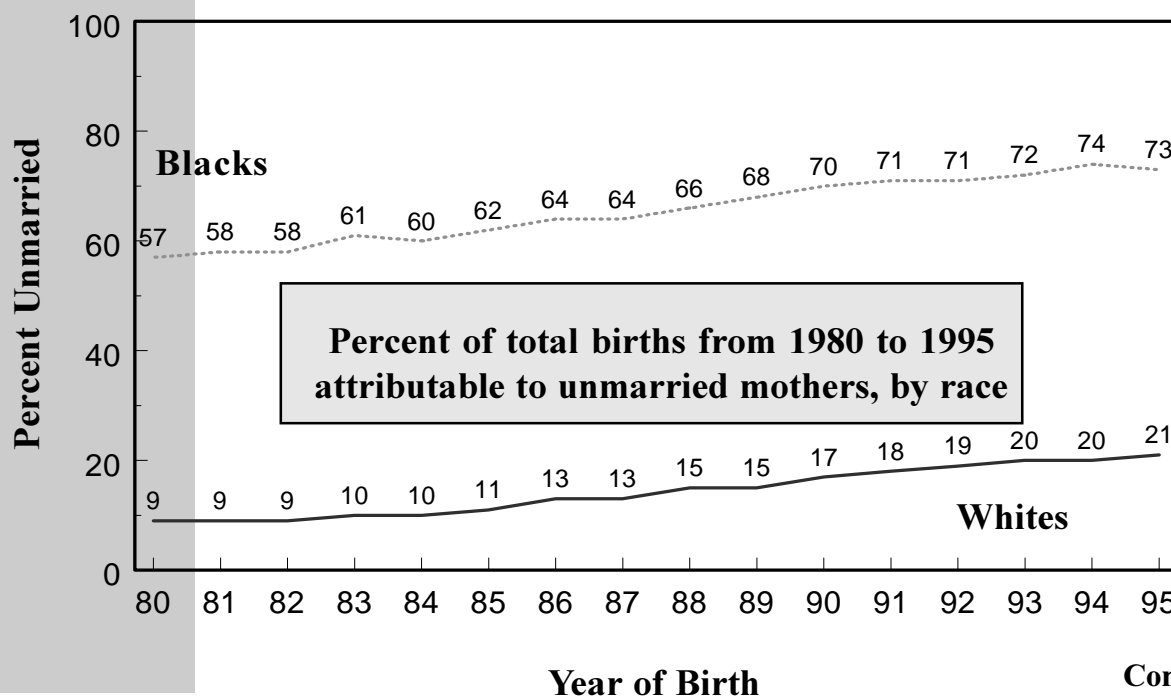
Ninety percent of black mothers and 77 percent of white mothers didn't smoke.

Over the last 15 years, the rate of Arkansas births attributable to unmarried

mothers increased by more than half, from 20.5 percent to 32.4 percent.

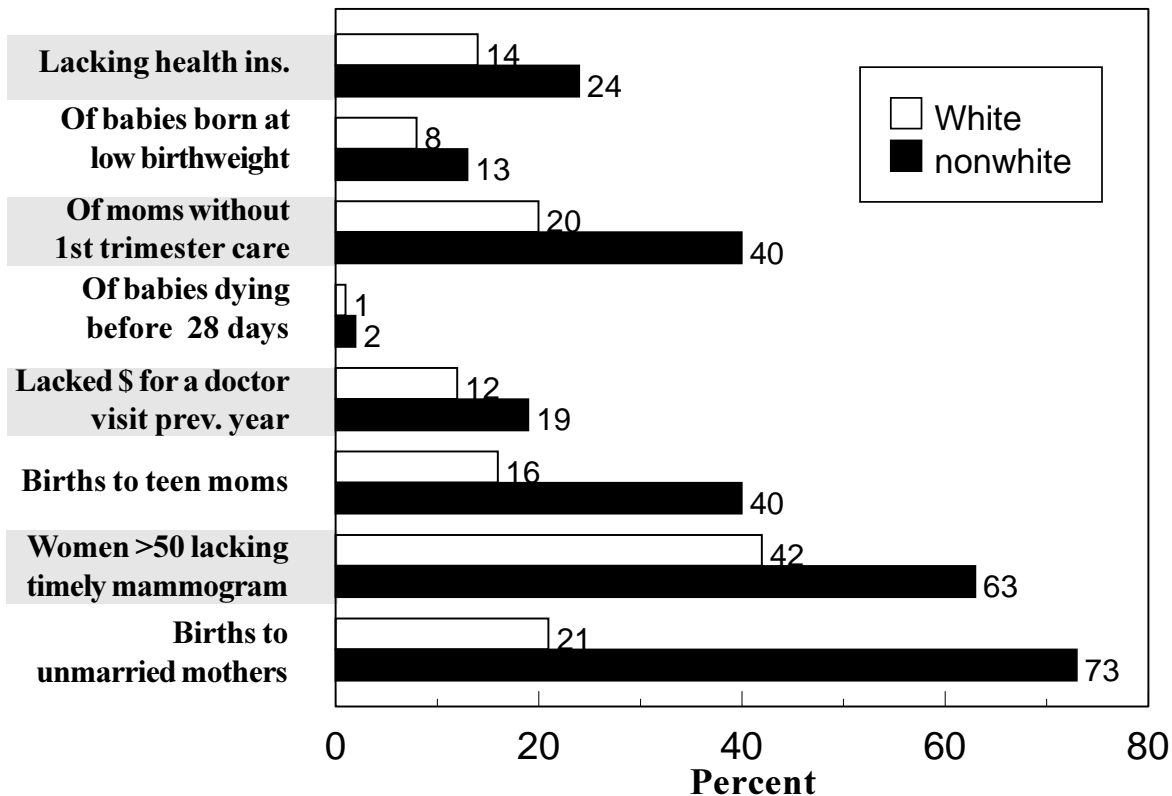
During the same period, births among unmarried white women grew two-and-a-half times, from 8.5 percent to 21.1 percent.

The rate of births among unmarried blacks was already 57 percent in 1980, and has increased to



Continued on page 3

1995 health-related racial disparities by percent:



Continued from page 2

72.5 percent since. That means that in the last couple of years, nearly three out of every four black babies was born to an unmarried mom.

There may be a small measure of good news in those statistics. The birth rate among unmarried blacks dropped slightly in 1995 for the first time in 10 years. The small decline was sufficient to offset a slight increase among whites.

A quarter of the births to unmarried Arkansas women in 1995 were to those younger than 18.

Nearly 15 percent of all births to black women were to unmarried women younger than 18, while only 4 percent of white births were.

Socioeconomic and demographic factors play an important role in determining the likelihood of a birth to an unmarried mom.

Racial disparities exist outside the realm of births as well. For instance, non-white females (about 90 percent of them black) are about 35 percent more likely than white females to have been diagnosed with

high blood pressure.

Depending upon which of two common standards is used, nonwhite females are either about 50 percent or 66 percent more likely to be overweight than white females, while nonwhite males are either about 14 or 17 percent more likely to be overweight.

Smoking is one of the brighter spots for nonwhites. Among white males, nearly 28 percent smoke, while only about 21 percent of nonwhite males do. One in four white women smoke, but only 18 percent of nonwhite women.

Six percent of nonwhite males report being chronic drinkers, compared to 4 percent of white males.

While nonwhite females are 11 times more likely to be chronic drinkers than white women, their rate is still only 1 percent.

Nonwhites are less likely to have had cholesterol screening in the past five years.

Among those 65 or older, whites

There may be a small measure of good news. The birth rate among unmarried blacks dropped slightly in 1995 for the first time in 10 years.

Continued on page 4

Continued from page 3

are 45 percent more likely than nonwhites to have had a flu shot within the last 12 months. White males were more than twice as likely as their nonwhite counterparts to have had a flu shot. In that age group, whites were nearly five times more likely to have gotten a pneumonia vaccination, which would seem to put the nonwhites at greater risk of pneumonia death.

Blacks were less likely to have had their cholesterol checked, to have had a proctoscopic examination or digital rectal exam. Among women 65 or older, whites were 54 percent more likely to have had a mammogram and clinical breast exam within the previous two years.

A white woman is more likely to get breast cancer, but a black woman with it is more likely to die.

White women were 72 percent more likely to have had a hysterectomy.

About 19 percent of blacks report they were unable to see a doctor due to cost at least once in the previous year,

while only 12 percent of whites reported that problem.

Among blacks, 48 percent said they were limited at least one day during the past 30 days in their usual activities, while only 34 percent of whites said they were.

The leading causes of death in this state in 1995 for blacks and whites were heart disease, cancer and cerebrovascular disease. For whites, chronic obstructive pulmonary

disease and accidents and adverse effects were the fourth and fifth leading causes, while among nonwhites, accidents and adverse effects were fourth, followed by homicide.

In the 15-24 year age group, homicide is the leading cause of death for nonwhite males and females. A nonwhite male is nearly 25 times more likely than a white male to die from homicide.

As a cause of death among men, HIV/AIDS related deaths are three times more prevalent among nonwhites as among whites.

By tracking such information by age, gender and race, public health professionals can target appropriate populations for education and treatment.

***Homicide is the leading
cause of death for nonwhites
in the 15-24 age group***

**Arkansas
Center for
Health
Statistics**



**Arkansas
Department
of Health**

Keeping Your Hometown Healthy

**Bulk Rate
U.S. Postage Paid
Little Rock, AR 72205
Permit No. 2641**

Arkansas Health Counts

Editor:
John Hofheimer
(501) 661-2903

A Quarterly Newsletter of

**The Center for Health Statistics
Douglas R. Murray, Director
4815 West Markham St., Slot 19
Little Rock, AR 72205-3867
(501) 661-2842**